

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10553219

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	✓	✓				
2	✓	✓				
3	✓	✓				
4	✓	✓				
5	✓	✓				
6	✓	✓				
7	✓	✓				
8	✓	✓				
9	✓	✓				
10	✓	✓				
11	✓	✓				
12	✓	✓				
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TOTAL IND.	✓	↓	1	↓		↓
TOTAL DEP.	✓	←	14	←		←
TOTAL CLAIMS	18		18			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

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